

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

MCAFEE '16

ADDRESS (number and street)

3590 Yackinville Road

Suite 100

Check if different
than previously
reported. (ACC)

Winston-Salem

CITY

NC

STATE

27106

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00602631

3. TYPE OF REPORT (Choose One)Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:

- ☐ April 15 (Q1) ☐ October 15 (Q3) ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☒ July 15 (Q2) ☐ January 31 Year-End Report (YE) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- ☐ 12-Day Pre-Election Report for the Election on ☐ 30-Day Post-Election Report for the General Election on
☐ M M / D D / Y Y Y Y Y Y in the State of ☐ ☐ M M / D D / Y Y Y Y Y Y

4. IS THIS REPORT AN AMENDMENT?☐ yes☒ no**5. COVERING PERIOD**
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
 THROUGH
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Casaretto, John, , ,

Signature of Treasurer

Casaretto, John, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

Write or Type Committee Name

MCAFEE '16

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y
06 / 30 / 2016**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	148.88
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	46599.68
8. SUBTOTAL (Lines 6 and 7)	46748.56
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	12688.88
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	34059.68
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	32000.00
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	18187.55

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	20247.23
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	18187.55

DETAILED SUMMARY PAGE of Receipts

FEC Form 3P (Rev. 05/2016)

PAGE 3 / 17

NAME OF COMMITTEE (in Full)

MCAFEE '16

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y
06 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	9447.00	12147.00
(ii) unitemized	5152.68	8100.23
(iii) Total contributions	14599.68	20247.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	14599.68	20247.23
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	32000.00	32000.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	32000.00	32000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	46599.68	52247.23

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

PAGE 4 / 17

NAME OF COMMITTEE (in Full)

MCAFFEE '16

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y
06 / 30 / 2016**II. DISBURSEMENTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	12688.88	18187.55
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	12688.88	18187.55

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00602631

MCAFEE '16

ADDRESS (number and street)

3590 Yadkinville Road

Suite 100

Winston-Salem

CITY

NC

STATE

27106

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 17

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MCACFEE '16

A. Full Name (Last, First, Middle Initial)

Golden, James, , ,

Mailing Address 29 Joseph Road

City
Salem

State
NH

Zip Code
03079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Contour Design Inc

Occupation
Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

327.00

Transaction ID : SA17A.4551

Date of Receipt

05 / 20 / 2016

Political Contribution

Amount of Each Receipt this Period

327.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Grindle, Paul, , ,

Mailing Address 8 Kerrie Court

City
Southampton

State
NY

Zip Code
11968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.4522

Date of Receipt

05 / 14 / 2016

Political Contribution

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Kenyon, Danielle, , ,

Mailing Address 104 Franklin Hills Court

City
Canton

State
GA

Zip Code
30114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Transaction ID : SA17A.4546

Date of Receipt

05 / 19 / 2016

Political Contribution

Amount of Each Receipt this Period

270.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1097.00

Total This Period (last page this line number only)

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 17

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCACFEE '16

A. Full Name (Last, First, Middle Initial)

Live, Jason, , ,

Mailing Address 123 Spring St

City

Palo Alto

State

CA

Zip Code

94303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Software Analyst

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.4602

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2016

Political Contribution

Amount of Each Receipt this Period

250.00

☐

Memo Item

B. Full Name (Last, First, Middle Initial)

Rufer, Chris, , ,

Mailing Address 724 Main Street

City

Woodland

State

CA

Zip Code

95695

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Morning Star Co.

Occupation

Owner

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.4627

Date of Receipt

M M / D D / Y Y Y Y
05 / 31 / 2016

Political Contribution

Amount of Each Receipt this Period

2700.00

☐

Memo Item

C. Full Name (Last, First, Middle Initial)

Rufer, Karrie, , ,

Mailing Address 1060 Street 42nd

City

Sacramento

State

CA

Zip Code

95819

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Morning Star Company

Occupation

Colleague

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.4623

Date of Receipt

M M / D D / Y Y Y Y
06 / 01 / 2016

Political Contribution

Amount of Each Receipt this Period

2700.00

☐

Memo Item

Subtotal Of Receipts This Page (optional).....

5650.00

Total This Period (last page this line number only)

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 17

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
McAFEE '16

A. Full Name (Last, First, Middle Initial)

Rufer, Melodie, , ,

Mailing Address 4153 Garden Hwy

City
Sacramento

State
CA

Zip Code
95834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.4625

Date of Receipt

05 / 31 / 2016

Political Contribution

Amount of Each Receipt this Period

2700.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2700.00

Total This Period (last page this line number only)

9447.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

McAFEE '16

A. Full Name (Last, First, Middle Initial)

McAfee, John, David, ,

Mailing Address 3590 Yadkinville Road
Suite 100

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C P60014776

Name of Employer

MGT Capital Investments

Occupation

Chief Executive Chairman and CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32000.00

Transaction ID : SA19A.4578

Date of Receipt

M M / D D / Y Y Y Y
05 / 23 / 2016

Personal Loan to Campaign

Amount of Each Receipt this Period

32000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

32000.00

Total This Period (last page this line number only)

32000.00

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCAFEE '16

Full Name (Last, First, Middle Initial)

A. FedEx Office

Mailing Address 3120 S Kirkman Rd

City

Orlando

State

FL

Zip Code

32811

Purpose of Disbursement
Mailing Expense

101

Category/
Type

Candidate Name

MCAFEE '16

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4637

Amount of Each Disbursement this Period

546.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FedEx Office

Mailing Address 3120 S Kirkman Rd

City

Orlando

State

FL

Zip Code

32811

Purpose of Disbursement
Mailing Expense

101

Category/
Type

Candidate Name

MCAFEE '16

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4639

Amount of Each Disbursement this Period

1323.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 3120 S Kirkman Rd

City

Orlando

State

FL

Zip Code

32811

Purpose of Disbursement
Mailing Expense

101

Category/
Type

Candidate Name

MCAFEE '16

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4640

Amount of Each Disbursement this Period

2157.96

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4028.26

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 17

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCAFEE '16

Full Name (Last, First, Middle Initial)

A. Lindsey, Tyler, , ,

Mailing Address 3590 Yadkinville Road
Suite 100

City
Winston-Salem

State
NC

Zip Code
27106

Purpose of Disbursement
Campaign Consulting Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 06 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4652

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Madison, Tiffany, , ,

Mailing Address 10940 S Parker Road
#612

City
Parker

State
CO

Zip Code
80134

Purpose of Disbursement
Campaign Consulting Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 25 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4629

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Madison, Tiffany, , ,

Mailing Address 10940 S Parker Road
#612

City
Parker

State
CO

Zip Code
80134

Purpose of Disbursement
Campaign Consulting Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 25 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4631

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4100.00

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCAFEE '16

Full Name (Last, First, Middle Initial)

A. Personal Penman LLC

Mailing Address 1719 Penman Rd

City
Jacksonville Beach

State
FL

Zip Code
32250

Purpose of Disbursement
Stationary and Note Card Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 24 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4576

Amount of Each Disbursement this Period

1809.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Airline Travel Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 25 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4580

Amount of Each Disbursement this Period

543.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Southwest Airlines

Mailing Address 2702 Love Field Dr

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Airline Travel Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4643

Amount of Each Disbursement this Period

259.48

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2612.81

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCAFEE '16

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address 2702 Love Field Dr

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Airline Travel Expense

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 21 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4644

Amount of Each Disbursement this Period

36.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe Inc.

Mailing Address 85 Berry St. Suite 550

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Credit Card Processing Fees

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 30 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4572

Amount of Each Disbursement this Period

108.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Stripe Inc.

Mailing Address 85 Berry St. Suite 550

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Credit Card Processing Fees

101

Category/
Type

Candidate Name
MCAFEE '16

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4573

Amount of Each Disbursement this Period

94.68

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

239.33

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

MCAFEE '16

Full Name (Last, First, Middle Initial)

A. Thrasher, Christopher, , ,

Mailing Address 253 Berkeley Drive

City
Lexington

State
NC

Zip Code
27295

Purpose of Disbursement
Campaign Consulting Expense

101

Candidate Name
MCAFEE '16

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4574

Amount of Each Disbursement this Period

590.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thrasher, Christopher, , ,

Mailing Address 253 Berkeley Drive

City
Lexington

State
NC

Zip Code
27295

Purpose of Disbursement
Campaign Consulting Expense

101

Candidate Name
MCAFEE '16

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 14 / 2016

FEC Identification Number

C C00602631

Transaction ID : SB23.4575

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1440.00

Total This Period (last page this line number only).....

12420.40

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4578

MCAFEE '16

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

McAfee, John, David, ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3590 Yadkinville Road

Suite 100

City

Winston-Salem

State

NC

Zip Code

27106

☒ Personal Funds of the Candidate

Original Amount of Loan

32000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 23 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

32000.00

Total This Period (last page this line number only).....▶

32000.00

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.